

**Written Notarized Consent for a Tattoo or Piercing
of a Minor**

State of Florida

County of _____

Before me this _____ day of _____, 20____,

personally appeared _____,
(Name of Parent/Guardian)

who, under oath or affirmation, makes the following statements under penalties of perjury:

I am the parent/legal guardian of _____,
(Name of Minor)

a minor, whose date of birth is _____, _____, _____,
(Month) (Day) (Year)

and I consent to the Tattoo/Piercing of _____'s
(Name of Minor)

[Location(s) of Piercing(s)]

I accept that I must be present at the tattoo or piercing if my child is under 18 years of age.

(Signature of Parent/Legal Guardian)

Sworn to/affirmed and subscribed before me this _____ day of _____, 20____,

by _____, who is personally known to me or who presented

_____ **as satisfactory identification.**
(Form of identification)

(Signature of Notary)

(Name of Notary typed, stamped or printed)

(Notary Seal)

For Office Use Only

(Printed Name of Licensed Salon)

(Signature of Piercer)

(Printed Name of Piercer)